

North Carolina Division of Energy, Mineral, and Land Resources
SEMI-ANNUAL STORMWATER OUTFALL DISCHARGE MONITORING REPORT (DMR)

Vehicle Maintenance Activities Only

Date submitted _____

CERTIFICATE OF COVERAGE NO. NCG _____

SAMPLE COLLECTION YEAR _____

FACILITY NAME _____

COUNTY _____

PERSON COLLECTING SAMPLES _____

LABORATORY _____ Lab Cert. # _____

PLEASE REMEMBER TO SIGN ON THE REVERSE →

Vehicle Maintenance Activity (VMA) Stormwater Monitoring Results: Only for facilities using an average of > 55 gal of new motor oil per month.

Total event rainfall ¹ _____ or ☐ No discharge this period²

Outfall No.	Sample Collected, mm/dd/yr	Total Suspended Solids (TSS), mg/L	Non-polar O&G/TPH, mg/L (Method 1664 SGT-HEM) (if applicable)	Oil and Grease, mg/L (if applicable)	pH, Standard units (if applicable)	New Motor Oil Usage, Annual average gal/mo
Benchmark	-	100 or 50 ³	15	30	Within 6.0 – 9.0	-

¹ The total precipitation must be recorded using data from an on-site rain gauge.

² For sampling periods with no discharge at any outfalls. You must still submit this discharge monitoring report with a checkmark here.

³ See General Permit text that identifies the especially sensitive receiving water classifications where the more protective TSS benchmark applies.

Note: **Results must be reported in numerical format. For example, do not report** Below Detection Limit, BDL, <PQL, Non-detect, ND, or any other similar non-numerical format. When results are below the applicable limits, **they must be reported in the format, "<XX mg/L"**, where XX is the numerical value of the laboratory's detection limit, reporting limit, etc. in mg/L.

Note: If you report a sample value in excess of the benchmark, you must implement Tier 1, Tier 2, or Tier 3 responses. See General Permit text.

FOR MONITORING RESULTS:

- A single benchmark exceedance triggers **TIER 1 REQUIREMENTS**. See permit PART II SECTION B or C.
- Two exceedances in a row for the same parameter at the same outfall trigger **TIER 2 REQUIREMENTS**.
- **TIER 3:** Has your facility had four or more benchmark exceedances for the same parameter at any one outfall? YES ☐ NO ☐
IF YES: Have you contacted the DEMLR Regional Office? YES ☐ NO ☐

REGIONAL OFFICE CONTACT NAME: _____

Mail an original and one copy of this DMR, including all "No Discharge" reports, within 30 days of receipt of the lab results (or at end of monitoring period in the case of "No Discharge" reports) to:

Division of Water Resources
Attn: DWR Central Files
1617 Mail Service Center
Raleigh, NC 27699-1617

YOU MUST SIGN THIS CERTIFICATION FOR ANY INFORMATION REPORTED:

"I certify, under penalty of law, that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

(Signature of Permittee)

(Date)

Additional copies of this form may be downloaded at: <http://portal.ncdenr.org/web/lr/npdes-stormwater>